

Figure 13c. Major renal laceration involving the collecting system (category II) in an 8-year-old boy who had sustained blunt abdominal trauma. **(a)** Contrast-enhanced nephrographic-phase CT scan shows a large, distracted renal fracture through the interpolar portion of the right kidney. **(b)** Contrast-enhanced excretory-phase CT scan shows extravasation of contrast material from a laceration of the renal pelvis into the medial perinephric space. **(c)** Delayed CT scan shows extensive extravasation around the lower pole of the right kidney. Note the antegrade filling of the ureter (white arrow). A small laceration is also seen in the lower pole (black arrow). ([Fig 13](#) reprinted, with permission, from reference 19.)

dental prosthesis displaced from a patient's mouth into their trachea post traumatic injury

Stabbed patient admitted in a small hospital, complaining of mild abdominal pain.

X-Ray showing a blade inside of the cavity.

Small and large bowel injuries at laparotomy

A lateral C-spine radiograph showing pre-vertebral soft tissue swelling due to shotgun wounds to the neck

The treatment of **facial fractures** should be accomplished in a thorough and predictable manner. More importantly, the patient's facial appearance should be minimally affected. An attempt at accessing the **facial bones** through the fewest incisions necessary is always made. At the same time, the incisions that become necessary, are designed to be small and, whenever possible, are placed so that the resultant scar is hidden

CT cervical spine of a 28-year-old male showing multiple cervical vertebral fractures including transverse process of C5, vertebral body, and posterior column of C6 and comminuted fracture of transverse process of C7, (b) MRI spine cervical and thoracic of 26-year-old female showing fracture dislocation at T6-T7 vertebral levels with left antrolateral displacement and overriding of the body of T6 over T7 vertebral bodies. Evidence of near total transaction of the dorsal spinal cord at the level of the lower end plate of T6 vertebra with intramedullary areas of high intensity in T1-T2-weighted images (hemorrhagic parenchyma contusions). There is also partial vertical compression of T8, T10, and T11 vertebrae